PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

ΑF	For the	2016 calendar year, or tax year beginning ar	nd ending	_	
B	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address	DRUG PREVENTION RESOURCES, INC.]	
	Name change	Doing business as		75-0	911671
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	□Final return/	1200 W WALNUT HILL LANE	2100	(972) 518-1821
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,554,436.
	Amende return	IRVING, IX /5038		H(a) Is this a group re	eturn
	Applica-	F Name and address of principal officer: BECKY VANCE		for subordinates	? Yes X No
	pending	1200 W. WALNUT HILL LANE #2100, IRVING	3, TX	H(b) Are all subordinates in	cluded? Yes No
		npt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		:▶ WWW.DRUGPREVRESOURCES.ORG		H(c) Group exemptio	
		rganization: X Corporation	L Year	of formation: 1935 N	1 State of legal domicile: ${f T}{f X}$
Pa	_	Summary			
4	1 B	riefly describe the organization's mission or most significant activities: ${\color{red} { extbf{TO}}}$	CREATE	A DRUG-FREE	GENERATION
Governance	<u> </u>	HROUGH EDUCATION, COLLABORATION, INNOVA	ATION AL	ND ADVOCACY.	
rna	2 0	heck this box 🕨 🔲 if the organization discontinued its operations or disp	oosed of more	than 25% of its net ass	sets.
ove	3 1	umber of voting members of the governing body (Part VI, line 1a)		3	17
		umber of independent voting members of the governing body (Part VI, line 1b)		16
Se Se	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	24
Viţi.	6 T	otal number of volunteers (estimate if necessary)		6	730
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0.
Revenue				Prior Year	Current Year
	8 0	ontributions and grants (Part VIII, line 1h)		23,788.	55,152.
	9 P	rogram service revenue (Part VIII, line 2g)		1,455,754.	1,411,219.
ě	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		14,998.	4,640.
Œ	11 C	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		147,527.	79,174.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,642,067.	1,550,185.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	1,052,224.	1,086,407.
Expenses	16a ₽	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e d	. вт	otal fundraising expenses (Part IX, column (D), line 25)	<u> 395. </u>		
Ш	'' C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		763,222.	756,833.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,815,446.	1,843,240.
		evenue less expenses. Subtract line 18 from line 12		-173,379.	-293,055.
t Assets or	9		Ве	ginning of Current Year	End of Year
sets	20 ⊤	otal assets (Part X, line 16)		1,168,141.	924,153.
t As	21 T	otal liabilities (Part X, line 26)		53,642.	52,451.
Net		et assets or fund balances. Subtract line 21 from line 20		1,114,499.	871,702.
	art II	Signature Block			
	-	es of perjury, I declare that I have examined this return, including accompanying schedu		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge.	
		Circulum of officer		Dete	
Sig		Signature of officer		Date	
Her	е	BECKY VANCE, CEO			
		Type or print name and title	1	Date Check	PTIN
D. 1		Print/Type preparer's name Preparer's signature	1	; -	- '
Paid		ILLIAM H. SIMS WILLIAM H. SIM		1/13/17 self-employ	
	· –	Firm's name SALMON SIMS THOMAS & ASSOCIATES		Firm's EIN ▶	05-0568611
use	Only	Firm's address 12720 HILLCREST ROAD, SUITE 500	J		70\ 200 1142
_		DALLAS, TX 75230-2039		Phone no. (9	72) 392-1143
May	y the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Other program services (Describe in Schedule O.)

) (Revenue \$ including grants of \$

Total program service expenses

1,666,463.

Form 990 (2016) DRUG PREVENTION RESOURCES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form 990 (2016) DRUG PREVENTION RE Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A support of former officers diseases and support of the support o	28a		Х
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		X
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	•	33a		 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13)2, If "Yes," as any late Sebadula B. Batt V, line 3.	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		\vdash
36		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		 ^
37		27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Hote: All 1 offit 500 fileto die required to complete officule o	1 30	-7	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming						
	(gambling) winnings to prize winners?			1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	24						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)							
				3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action in the control of th		•	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. It is not be a prohibited tax shelter transaction for the line for a prohibited tax shelter transaction for the line for the l			5b					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			5c	$\vdash \vdash \vdash$				
ua				6a		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Ou					
~	were not tax deductible?	0110 01	giito	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Х			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	Э						
_	, , , , , , , , , , , , , , , , , , , ,			8					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 49662			Oc.					
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a oh					
р 10	Section 501(c)(7) organizations. Enter:			9b					
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?)	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	•			13a					
_	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا .ء. ا	I						
_	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	<u> </u>	1/-		Х			
				14a 14b					
Ŋ	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	. ∪		IHD					

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 17									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х							
	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
·	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This dection b requests information about policies not required by the internal revenue dode.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	•								
17	List the states with which a copy of this Form 990 is required to be filed ▶TX									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	/ailable	9							
-	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	BECKY VANCE - 972-518-1821									
	1200 WEST WALNUT HILL LANE, STE 2100, IRVING, TX 75038									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizat		orga T	niza [.]			npen	sate			/- \
(A)	(B)	(C) Position			,		(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated				
	hours per week			from	from related	amount of other				
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pei		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		<i>a</i> >	ensai		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	comp				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) REBECCA VANCE	40.00	드	트	10	λ.	三百	3			
PRESIDENT/ CEO		х		х				120,627.	0.	16,401.
(2) STUART BRIGHT	1.00								-	,
BOARD CHAIR/ DIRECTOR		Х		Х				0.	0.	0.
(3) C.H. JUDIN III	1.00									
DIRECTOR		Х						0.	0.	0.
(4) BILL MILLER	1.00									
TREASURER/ DIRECTOR		Х		Х				0.	0.	0.
(5) DARYL QUARLES	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DAVID L. HENDERSON	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(7) MARK DRENNAN	1.00	ļ								
DIRECTOR	1 22	Х						0.	0.	0.
(8) LIZ HARVEY	1.00	ļ								
DIRECTOR	1 00	X						0.	0.	0.
(9) JAY WALLACE	1.00	.,							0	
DIRECTOR	1 00	Х						0.	0.	0.
(10) CAROL DODSON	1.00	. ,		37					0	_
VICE CHAIR/ DIRECTOR	1.00	Х		X				0.	0.	0.
(11) SYLVIA FUENTES DIRECTOR	1.00	Х						0.	0.	0.
(12) STEVE MOORE	1.00							0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(13) JAMES L. CAPRA	1.00									•
DIRECTOR		х						0.	0.	0.
(14) KARL WOOLFENDEN	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(15) W. AUSTIN HUTTON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) KATIE WOODIEL	1.00									
DIRECTOR		Х						0.	0.	0.
(17) BOBBY J. BARKER	1.00	1								_
DIRECTOR		Х						0.	0.	0.

Form **990** (2016)

I alt V	Section A. Officers, Directors, Trus		oloy•	ees,			ghes	st C					
	(A)	(B)			Pos	C) ition	า		(D)	(E)		l	(F)
	Name and title	Average hours per		not c	heck i	more	than		Reportable compensation	Reportable compensation		l	mated ount of
		week					is botl or/trus		from	from related		l	ther
		(list any	tor						the	organization		l	ensation
		hours for	direc				ا ق		organization	(W-2/1099-MIS			m the
		related	tee or	stee			nsate		(W-2/1099-MISC)	,		orgar	nization
		organizations	trus	nal tri		oyee	om of					and r	related
		below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
		line)	<u>n</u>	lust	ij	Key	e Ëi	For					
			-										
-			⊢		_		-	-					
			-										
-			⊢				-	-					
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1h Su	ıb-total	1		_			_		120,627.		0.	16	,401.
	otal from continuation sheets to Part VI								0.		0.		0.
	otal (add lines 1b and 1c)								120,627.		0.	16	,401.
	tal number of individuals (including but n							no re	·	000 of reportable	 }		
	mpensation from the organization						,		·· , ,		-		1
												Y	res No
3 Did	d the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	, or	highest compensated er	nployee on			
lin	e 1a? If "Yes," complete Schedule J for s	uch individual										3	X
	r any individual listed on line 1a, is the su												
	d related organizations greater than \$150											4	Х
	d any person listed on line 1a receive or a												
rer	ndered to the organization? If "Yes." com	plete Schedule	e <i>J f</i>	or sı	ıch ı	oers	son					5	X
Section	B. Independent Contractors												
1 Co	emplete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	oensat	tion from	1
the	e organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithin	the organization's tax y	ear.			
	(A)								(B)		_	(C)	
	Name and business	address	N	INC	3			_	Description of s	ervices	C	compens	ation
								\dashv					
								\dashv					
			—					\dashv					
2 T-	tal number of independent contract (i	acludina but -		nita	4 + 4	tha	20 110	*+~~	abovo) who received	oro than			
	tal number of independent contractors (in		טנ ווו	ıntet	י נס	tnos)	_	ied	above) who received mo	סופ נוומוו			
<u>\$1</u>	00,000 of compensation from the organiz	ZaliOII	—										00 (

75-0911671

		Check if Schedule O conta	aine a reenonce	or note to any lin	a in this Dart VIII			
		Check ii Genedale G conta	ans a response	or riote to arry iiri	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded
						exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
ra Mu	b	Membership dues	1b					
Ω, Ω	С	Fundraising events		11,182.				
ifts r A	d	Related organizations		•				
ig Big		Government grants (contributi						
Sin	•	• ,	′ –					
atic er	1	All other contributions, gifts, gran	· I I	12 070				
들됨		similar amounts not included above		43,970.				
ont od 0	g	Noncash contributions included in lines	1a-1f: \$		FF 150			
<u>5 p</u>	h	Total. Add lines 1a-1f		<u></u>	55,152.			
				Business Code				
ø	2 a	PREVENTION PROG	RAMMING	900099	1,411,219.	1,411,219.		
Š	b							
Ser	С							
ΕŞ	d							
gra Re	u							
Program Service Revenue	e							
ъ.		All other program service reve			1 411 010			
	g	Total. Add lines 2a-2f			1,411,219.			
	3	Investment income (including						
		other similar amounts)			4,640.			4,640.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	(7) 1154.	() : 5:55:14.				
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising						
Other Revenu		'	82. of					
Ş.		contributions reported on line						
7		Part IV, line 18	a					
the l	b	Less: direct expenses	b	0.				
0	С	Net income or (loss) from fund	Iraising events		0.			
		Gross income from gaming ac	-					
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
			-					
	iu a	Gross sales of inventory, less		16 170				
		and allowances						
	b	Less: cost of goods sold	b	4,251.				
	С	Net income or (loss) from sale:	s of inventory .	<u> </u>	11,919.	11,919.		
		Miscellaneous Revenue	e	Business Code				
	11 a	MISCELLANEOUS		900099	67,255.	67,255.		
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d			67,255.			
	12	Total ravanua Saa instructions		······		1 490 393.	0.	4 640

Form 990 (2016) DRUG PREVENTION RESOURCES, INC. Part IX | Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
•	· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	137,027.	123,955.	5,796.	7,276.
6	trustees, and key employees	151,021•	123,733.	3,750.	7,270•
0	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	751,627.	679,922.	31,794.	39,911.
7 8	Other salaries and wages Pension plan accruals and contributions (include	131,041•	013,344•	J1,194•	JJ,J11.
0	section 401(k) and 403(b) employer contributions)	55 815	50 /90	2 361	2 961
9		55,815. 71,617.	50,490. 64,785.	2,361. 3,029.	3 803
9 10	Other employee benefits	70,321.	63,612.	2,975.	2,964. 3,803. 3,734.
11	Payroll taxes Fees for services (non-employees):	,0,521•	00,012.	2,515.	3,734.
	-				
a h	Management Legal				
	Accounting	1,916.	1,733.	81.	102.
q	Lobbying	2,5200	277001	020	
u _	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	83,484.	75,520.	3,531.	4,433.
12	Advertising and promotion	25,571.	75,520. 23,131.	1,082.	4,433. 1,358.
13	Office expenses	427,013.	386,276.	18,063.	22,674.
14	Information technology	12,580.	11,380.	532.	668.
15	Royalties				
16	Occupancy	19,658.	16,852.	1,244.	1,562.
17	Travel	81,726.	73,929.	3,457.	4,340.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,909.	16,200.	758.	951.
20	Interest				
21	Payments to affiliates	4 4 4 4			
22	Depreciation, depletion, and amortization	4,643.	4,200.	196.	247.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) STRATEGIC IMPLEMENTATIO	82,333.	74,478.	3,483.	4,372.
b		,	,	-, 2001	_, _, _,
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,843,240.	1,666,463.	78,382.	98,395.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 990 (2012)

Form 990 (2016)

Part X | Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			193,875.	1	137,381.
	2	Savings and temporary cash investments			131,928.	2	9.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			137,711.	4	137,577.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	c)(9) voluntary			
S.		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use		500.	8	500.	
	9	Description of the second seco		14,747.	9	25,804.	
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	76,225.			
	b	Less: accumulated depreciation	10b	52,648.	17,695.	10c	23,577. 599,055.
	11	Investments - publicly traded securities			667,813.	11	599,055.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,872.	15	250
	16	Total assets. Add lines 1 through 15 (must equ			1,168,141.	16	924,153.
	17	Accounts payable and accrued expenses			37,670.	17	42,336.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ွှ	22	Loans and other payables to current and former	officers	, directors, trustees,			
III I		key employees, highest compensated employee	es, and c	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
3	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X of			
		Schedule D			15,972.	25	10,115.
	26	Total liabilities. Add lines 17 through 25			53,642.	26	52,451.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🐰 and			
န		complete lines 27 through 29, and lines 33 an					
ŭ	27	Unrestricted net assets	1,114,499.	27	856,018.		
3ale	28	Temporarily restricted net assets		28	15,684.		
ğ	29	Permanently restricted net assets		29			
Ξ		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			4 44 400	32	054 566
Z	33	Total net assets or fund balances			1,114,499.	33	871,702.
	34	Total liabilities and net assets/fund balances .			1,168,141.	34	924,153.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,55				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,84				
3	Revenue less expenses. Subtract line 2 from line 1	3	-29				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,11	4,4	<u>99.</u>		
5	Net unrealized gains (losses) on investments	5	4	1,8	10.		
6	Donated services and use of facilities	6		8,4	48.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				0.		
	column (B))	10	87	1,7	02.		
Pa	rt XII Financial Statements and Reporting				-		
	Check if Schedule O contains a response or note to any line in this Part XII				X		
	•			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?						
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X			
			Form	990	(2016)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		DRUG	PREVENTIO	N RESOURCES,	INC.			7	5-0911671
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.		
he o	organ								
1	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1								
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
	H			•			:\		
3		A hospital or a cooperative					-	:::\	the beenitel's name
4		A medical research organization	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(i	II). Enter	the nospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a la	and-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city,	, and state of th	ne college	or
		university:							
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supp	ort from o	contribution	ns. membershi	o fees. an	d gross receipts from
		activities related to its exem							
		income and unrelated busin	-	•					-
		See section 509(a)(2). (Con		(1000 000tion of 1 tax) no		ooo aoqan	ou by the orga	riizatiori a	1101 00110 00, 1070.
11		An organization organized a	•	valy to test for public sat	aty See	saction 50	10(2)(4)		
12	H	An organization organized a	· ·	•	•			v out tho	nurnosos of one or
12			•	•	•		·	•	•
		more publicly supported org	-						DIECK THE DOX III
		lines 12a through 12d that	* *					-	ati da a
а			· · · · · · · · · · · · · · · · · · ·	•		_			
		the supported organization		• • • •	majority o	of the direc	tors or trustees	of the su	ipporting
	_	organization. You must c							
b			anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage	the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and a	ın attentiv	veness .
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following information	about the supporte	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of n	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2016 DRUG PREVENTION RESOURCES, INC. 75-0911 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	501(c)(3)	
_	organization, check this box and stop	here					>
	ction C. Computation of Publi					Г	
	Public support percentage for 2016 (li					14	<u>%</u>
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the c				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact					rt VI how the organ	ızation
_	meets the "facts-and-circumstances" f	•	•				
b	10% -facts-and-circumstances test						
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ			•	,		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,595.	24,983.	69,414.	23,788.	55,152.	191,932.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1112581.		1160556.	1462864.	1423138.	6306047.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1131176.	1171891.	1229970.	1486652.	1478290.	6497979.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6497979.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1131176.	1171891.	1064773	1486652. 149,408.	1478290. 4,640.	1524301.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	191,115.	114,365.	1064773.	149,408.	4,640.	1524301.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				11,471.	67,255.	78,726.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1322291.	1286256.	2294743.	1647531.	1550185.	8101006.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
_	check this box and stop here						>
	ction C. Computation of Publi						00 01
	Public support percentage for 2016 (I			olumn (f))		15	80.21 % 78.32 %
16	Public support percentage from 2015 ction D. Computation of Inves					16	78.32 <u>%</u>
	•			- 10 l (f)\		47	18.82 %
	Investment income percentage for 20					17	18.82 % 21.53 %
18 19:	Investment income percentage from 2 a 33 1/3% support tests - 2016. If the						, -
136	more than 33 1/3%, check this box ar						► X
k	33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	n did not check a	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

ı aı	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
Sec	tion b. All Type III Supporting Organizations		., 1	г
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru			
2		actions).	Yes	No
a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	INO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
2	activities but for the organization's involvement.	ZU		
3	Parent of Supported Organizations. Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

За

3b

8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions)	6	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	dule A (Form 990 or 990-EZ) 2016 DRUG PREVENTI	ON RESOURCES, 1		5-0911671 Page 7
Pai	Type in item i anomenany integrated ever	(a)(3) Supporting Orga	nizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
<u>4</u>	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			/ ****
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 DRUG PREVENTION RESOURCES,

75-0911671 Page 8

INC.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DRUG PREVENTION RESOURCES, INC.

Employer identification number 75-0911671

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lii	ne 6.	·
	, , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	`	orically important land area
	Protection of natural habitat	,	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	_ 1		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900, Part V		C

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		65,891.	43,005.	22,886.
е	Other		10,334.	9,643.	691.
Total	23,577.				

Schedule D (Form 990) 2016

Joi loddio D	(1 01111 000) 2010	
Dart VIII	Investments	- Other Sec

Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11b. Se	e Form 990 I	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value				nd-of-year market value
(1) Financial derivatives	()		<u> </u>		,
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(С	ivietnoa of va	aluation: Cost or e	nd-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes" of		, line 11d. Se	e Form 990, I	Part X, line 15.	
(a) [Description				(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			b	>
Part X Other Liabilities.	•				
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or	I1f. See Form	990, Part X, line 2	25.
1. (a) Description of liability		(b) Boo			
(1) Federal income taxes					
(2) DEFERRED RENT		1	0,115.		
(3)					
(4)					
(5)					
(6)					
(0) (7)					
	05.)	1	0,115.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	_	. v , ±±J•		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D	(Form 990)	2016

SCITE	dule D (Form 990) 2016 DROG TREVENTION REDOCKCED,	, ,	UDIII Page T							
Paı	t XI Reconciliation of Revenue per Audited Financial Statemen	turn.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 1,955,357.										
1	Total revenue, gains, and other support per audited financial statements	Total revenue, gains, and other support per audited financial statements								
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		41,810.							
а	Net unrealized gains (losses) on investments									
b	Donated services and use of facilities									
	Recoveries of prior year grants									
d	Other (Describe in Part XIII.)									
	Add lines 2a through 2d		2e	405,172.						
3	Subtract line 2e from line 1		3	1,550,185.						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIII.)	4b								
С	Add lines 4a and 4b			4c	0.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	1,550,185.						
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1	Total expenses and losses per audited financial statements			1	2,198,154.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities	2a	354,914.							
b	Prior year adjustments	2b								
С	Other losses	2c								
	Other (Describe in Part XIII.)									
е	Add lines 2a through 2d			2e	354,914.					
3	Subtract line 2e from line 1			3	1,843,240.					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									

Part XIII | Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

4c

843,

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740-10, ACCOUNTING FOR INCOME TAXES, WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAE BEEN RECORDED IN THE STATEMENT OF ACTIVITIES OR ACCRUED IN THE STATEMENT OF FINANCIAL POSITION. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THE RETURNS ARE

Schedule D	(Form 990) 2016 Supplemental Infor	DRUG	PREVENTION	RESOURCES,	INC.	75-0911671 Page 5
Part XIII	Supplemental Infor	mation _{(c}	continued)			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DRUG PREVENTION RESOURCES, INC.

Employer identification number 75-0911671

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DPR	DOES	NOT	TREAT	DRUG	ABUSE	REACTIV	VELY,	BUT	PROVI	DES	EVIDENCE-	-BASED	

PREVENTION SERVICES THAT PROVIDE YOUTH AND FAMILIES WITH THE TOOLS TO

STAY HEALTHY AND DRUG-FREE. YOUTH PROGRAMS WORK TO BUILD SELF-ESTEEM,

GOAL-SETTING, AND DECISION MAKING SKILLS IN ADDITION TO EDUCATING

STUDENTS ABOUT THE CONSEQUENCES OF DRUG AND ALCOHOL USE. DPR'S

COMMUNITY LEVEL PROGRAMS, CALLED IMPACT COMMUNITIES, COMPLIMENT THIS

APPROACH BY ADDRESSING COMMUNITY RISK FACTORS, SUCH AS THE

ACCESSIBILITY OF ALCOHOL AND DRUGS, PARENTAL SUPERVISION, AND COMMUNITY

NORMS.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 IS COMPLETED BY THOSE INDIVIDUALS RESPONSIBLE FOR ITS

COMPLETION, AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO EVERY MEMBER

OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. ONCE THE FORM 990 HAS BEEN

SUBMITTED TO THE IRS, IT IS POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

DRUG PREVENTION RESOURCES ASKS EVERY NEW BOARD MEMBER TO SIGN A CONFLICT OF

INTEREST AGREEMENT WHEN THEY JOIN THE BOARD. CONFLICT OF INTEREST

AGREEMENTS ARE REVIEWED AND UPDATED ANNUALLY. ANY BOARD MEMBER WHO DOES NOT

DISCLOSE A CONFLICT OF INTEREST MAY BE ASKED TO RESIGN FROM THE BOARD.

DRUG PREVENTION RESOURCES, INC.	75-0911671
FORM 990, PART VI, SECTION B, LINE 15:	
THE SALARIES OF ALL EMPLOYEES, EXCEPT THE PRESIDENT/ CHIEF	EXECUTIVE
OFFICER, AND THE ASSIGNMENT OF THEIR DUTIES SHALL BE DETER	MINED BY THE
PRESIDENT/ CHIEF EXECUTIVE OFFICER, SUBJECT TO RULES OF TH	E FINANCE
COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
DPR PLACES ITS ANNUAL INDEPENDENT AUDIT ON ITS WEBSITE IMM	EDIATELY UPON THE
VOTE OF APPROVAL OF THE BOARD OF DIRECTORS AND ACCEPTANCE	BY ITS FUNDERS.
ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE I	N THE
ORGANIZATION'S OFFICE. THE PUBLIC IS MADE AWARE OF THIS TH	ROUGH
NOTIFICATIONS ON ITS WEBSITE AND IN MOST, IF NOT ALL, EXTE	RNAL
COMMUNICATION.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION	PROCESS FOR
THE INDEPENDENT AUDIT DURING THE TAX YEAR.	